



PACIFIC LIFE INSURANCE COMPANY

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OWNERSHIP, BENEFICIARY, OR NAME CHANGE REQUEST

Form with fields: Insured's Name: First MI Last, Policy Number(s), Current Policyowner's Name, Telephone Number: (Include area code)

1 OWNERSHIP CHANGE IMPORTANT INFORMATION

- A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.
If the new policyowner is a trust, the new policyowner must complete the Trust Information form (15-46147).
If multiple policyowners, or policyowner is a corporation or entity, the new policyowner should complete the Authorization to Exercise Ownership Rights form (15-46148) to notify Pacific Life Insurance Company (PLIC) who is authorized to sign forms to exercise the policy's ownership rights.
PAYMENT OF DEATH BENEFIT PROCEEDS: All or a portion of the Death Benefit Proceeds may be paid over an extended period of time based on the provisions of the policy and any supplementary riders attached to the policy.
The new policyowner(s) should review the policy and any supplementary rider provisions.
Required information
For each new policyowner, whether primary or contingent: full name, date of birth, Social Security Number (SSN) or Tax Identification Number (TIN), relationship to the Insured, full address and telephone number are required.
Enter the policyowner name(s) and their required information in Section 2. A. and/or 2. B, as applicable. If more space is needed for additional policyowners or for complex designations, use the Additional Information Section or an additional sheet of paper.
Refer to the "Sample Ownership Wording" section for examples of ownership designations.

2 OWNERSHIP CHANGE - If more than one individual or entity is named as policyowner, they will own the policy as joint tenants with rights of survivorship, unless otherwise stated.

A. NEW PRIMARY POLICYOWNER(S)

Check this box if this ownership change is in connection with a viatical or life settlement transaction.

I hereby transfer ownership of this policy to:

Form for Policyowner Name, Date of Birth, SSN/TIN, Relationship to Insured, E-Mail Address, Address: Street, City, State, Zip Code, Telephone #

Form for Policyowner Name, Date of Birth, SSN/TIN, Relationship to Insured, E-Mail Address, Address: Street, City, State, Zip Code, Telephone #

B. NEW CONTINGENT POLICYOWNER - (Optional)

On the above policyowner's death, PLIC will transfer ownership of the policy to the contingent policyowner named below:

Form for Policyowner Name, Date of Birth, SSN/TIN, Relationship to Insured, E-Mail Address, Address: Street, City, State, Zip Code, Telephone #

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Insured's Name: First _____ MI _____ Last _____	Policy Number(s): _____
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3 CERTIFICATION OF NEW POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).
4. I am exempt from FATCA reporting (defined in the instructions in item 4 of the Certification on the official IRS Form W-9).

Note: You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

4 FUTURE PREMIUM NOTICE INFORMATION (Optional for ownership changes)

By default the new policyowner will receive all future notices unless the new policyowner indicates otherwise below. Complete this section if you wish to have another party receive future premium and other notices. If more than one party is to receive notices, check all applicable parties below and provide their name and address.

Party	Name	Address (street, city, state, zip code)
<input type="checkbox"/> New Policyowner	_____	_____
<input type="checkbox"/> Insured	_____	_____
<input type="checkbox"/> Payor	_____	_____
<input type="checkbox"/> Other	_____	_____

5 THIRD PARTY DESIGNATION (Optional for ownership changes)

Provide the name and address of a third party other than the insured or policyowner to receive notices of policy grace and lapse only. I revoke all previous third party designations and designate the following individual(s) to receive notices of policy grace and lapse only.

Third Party's Name _____

Address: Street _____ City _____ State _____ Zip Code _____ Telephone # (include area code) _____

6 BENEFICIARY CHANGE IMPORTANT INFORMATION

- **Payment of Death Benefit Proceeds:** The Death Benefit Proceeds will be paid in accordance with the terms of the policy and any supplementary riders. Please refer to the provisions of the policy and any riders for additional information, including the amount and duration of any payments to be made.
- **Required information**
 - For each beneficiary, whether primary or contingent: full name, date of birth, Social Security Number (SSN) or Tax Identification Number (TIN), relationship to the Insured, full address and telephone number are required.
 - Enter the beneficiary name(s), % share, and their required information in Section 7. A. and/or 7.B, as applicable.
 - The **required information** must also be provided for those beneficiaries listed in a class of individuals, such as "children of the insured".
 - If more space is needed for additional beneficiaries or for complex designations, use the **Additional Information Section** or an additional sheet of paper.
- Refer to the "Sample Beneficiary Wording" section for examples of beneficiary designations.
- **Irrevocable Beneficiary Designation Information:**
 - If designating a primary or contingent beneficiary as irrevocable, indicate "irrevocable" in the beneficiary designation. An irrevocable beneficiary designation can only be changed by the policyowner with the irrevocable beneficiary's consent.

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Insured's Name: First MI Last	Policy Number(s):
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10 SIGNATURES

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

State law may prohibit certain transfers of ownership interest to an entity without an insurable interest in the life of the insured. By signing this request, you represent that this ownership change is permitted by applicable state law.

Each of the undersigned attests that no bankruptcy or insolvency proceedings have been filed or commenced by or against all signing parties.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNED AND DATED ON:

 X Policyowner's* Signature (Current) Date (mm/dd/yyyy)	Policyowner's Name: First MI Last (print)	Title, if applicable
 X New Policyowner's* Signature Date (mm/dd/yyyy)	New Policyowner's Name: First MI Last (print)	Title, if applicable
 X Other Required* Signature Date (mm/dd/yyyy) (Must check a box below)	Other Required Name: First MI Last (print)	Title, if applicable

- | | |
|---|---|
| <input type="checkbox"/> Additional Current or New Policyowner
<input type="checkbox"/> Additional Assignee
<input type="checkbox"/> Insured
<input type="checkbox"/> Additional Insured
<input type="checkbox"/> Business Entity's Authorized Representative
<input type="checkbox"/> Trustee | <input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Assignee
<input type="checkbox"/> Irrevocable Beneficiary
<input type="checkbox"/> Premium Payor/Remitter
<input type="checkbox"/> Applicant (only required at time of application)
<input type="checkbox"/> Other: _____ |
|---|---|

*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES

INSTRUCTIONS

When to use this form:	This form is used to request ownership, beneficiary and name changes on a life insurance policy. This form can also be used to designate a third party to receive policy grace and lapse notices.
Who must sign this form:	For ownership changes, all current and new policyowner(s) must sign and date this form. POLICYOWNER(S) – Required signature(s) of current policyowner(s). NEW POLICYOWNER(S) – Required for an ownership change. If more than one new policyowner, additional signatures can be entered in the Other Required Signature field. OTHER REQUIRED SIGNATURE(S) – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role. When the policy is community property, PLIC suggests that the current policyowner's spouse also sign the form. Community Property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.
Where to send this form:	Regular Mail: Pacific Life Insurance Company, P.O. Box 42001, Lynchburg, VA 24506. Overnight Mail: Pacific Life Insurance Company, 750 Main Street, Lynchburg, VA 24504 Fax: (949) 219-8811

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SAMPLE OWNERSHIP WORDING

Ownership Arrangement	Sample Wording
One Policyowner	Mary Doe, Wife.
Several Policyowners (with deceased policyowner's interest passing to surviving policyowners)	John Smith, Paul Smith, Frank Smith, Brothers, as joint tenants with rights of survivorship.
Several Policyowners (with deceased policyowner's interest passing to his/her estate)	John Smith, Paul Smith, Frank Smith, Brothers, as tenants-in-common.
Partnership (General)	Smith and Jones, a general partnership composed of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Inter-Vivos Trust with One Trustee	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Inter-Vivos Trust with More Than One Trustee	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Names of all Co-Trustees)</u> , or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only**.
	**Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.
Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator	<u>(Name of Plan)</u> Plan, with <u>(Name of Trustee or Plan Administrator)</u> , Trustee or Plan Administrator.
UGMA/UTMA	<u>Name of Custodian</u> , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>

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SAMPLE BENEFICIARY WORDING

Beneficiary Arrangement	Sample Wording
Estate	The Insured's Estate.
One Primary Beneficiary	Mary Doe, Wife.
Several Primary Beneficiaries	Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.
Un-named Beneficiaries	My Children equally, survivors or survivor. The Children born of the marriage between John and Mary Doe, equally, survivors or survivor. Thomas Doe, Son and any other children born of the marriage between John and Mary Doe, equally, survivors or survivor.
Unequal Amounts	70% to Mary Doe, Wife, and 30% to John Doe, Son, or all to the survivor. 60% to Joe Doe, Husband, 20% to Mary Doe, Daughter and 20% to John Doe, Son. If the beneficiary should not survive, then the remaining beneficiaries shall share the deceased beneficiary's portion equally.
Partnership (General)	Smith and Jones, a general partnership comprised of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.
Inter-Vivos Trust	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Testamentary Trust	The Trust created by the Will of <u>(Insured)</u> by <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Split Dollar (Collateral Assignment or Endorsement)	XYZ Corporation, a <u>(State Of Incorporation)</u> corporation, its successors or assigns, in the amount claimed by said corporation not to exceed the amount payable under the policy, and the balance if any, payable to Jane Doe, spouse of the insured.
UGMA/UTMA	Minor as Insured: The estate of the Minor. Someone Other Than Minor as Insured: <u>Name of Custodian</u> , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>
